

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **291**

FILED JAN 25 1954

 BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **63**

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 40 Yrs | | e. STREET ADDRESS (If rural, give location) 2918 Angelique St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 2918 Angelique St. | | e. STREET ADDRESS (If rural, give location) 2918 Angelique St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Garnett | | b. (Middle) Rebecca | c. (Last) Patterson |
| 4. DATE OF DEATH Jan. 18, 1954 | | 5. SEX Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Feb. 3, 1907 | | 9. AGE (In years last birthday) 46 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) New Franklin, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13a. FATHER'S NAME Elmer E. Patterson | | 13b. MOTHER'S MAIDEN NAME Mary Ellen Robison | |
| 14. NAME OF HUSBAND OR WIFE Acel C. Patterson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE AND NAME Acel C. Patterson City ADDRESS 2918 Angelique | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Carbon monoxide Poisoning INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fumes from an Automobile's Exhaust piped from the exhaust pipe into the Car's body with the engine running. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION E9731 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan, Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 18 1954 12:00 P | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? Inhalating Exhaust fumes | | 22. I hereby certify that I attended the deceased from Jan 18, 1954 , to Jan 18, 1954 , that I last saw the deceased alive on Jan 18, 1954 , and that death occurred at 1:30 P m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) H. F. Mundy M.D. Coroner | | 23b. ADDRESS St. Joseph Mo | |
| 23c. DATE SIGNED 1/19/54 | | 24a. BURLAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE Jan 22, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | |
| 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Norman W. Odenfaden 1802 Union St. St. Joseph Mo. | |
| DATE REC'D BY LOCAL REG. Jan 21, 1954 | | REGISTRAR'S SIGNATURE Ether M. Allison | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 19 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *Robert R. Gable*

Licensed Embalmer No. 3306

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.